PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

indicated unless corrected below or directe maintenance fee notifications.	d otherwise in Block 1,	by (a) specifying a new corre	spondence address; an	d/or (b) indicating a seg	t correspondence address as parate "FEB ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Notes 1	Fed	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
WOOD, HERRON & EVAN 2700 CAREW TOWER 441 VINE STREET		Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
CINCINNATI, OH 45202					(Depositor's name)	
		Maria de la companiona de			(Siguature)	
		<u></u>			(Date)	
APPLICATION NO. FILING D.	ATE	FIRST NAMED INVENTO	R A	ITORNEY DOCKET NO.	CONFIRMATION NO.	
10/088,464 03/19/20	002	James W. Schmitkons		NOR-951A	8796	
TITLE OF INVENTION: APPARATUS AN	D METHOD FOR GEN	ERATING ULTRAVIOLET R	ADIATION			
APPLN. TYPE SMALL ENTITY	ISSUE FEE DU	B PUBLICATION FEE DUE	PREV. PAID ISSUE FI	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional NO	\$1440	\$0	\$ 0	\$1440	11/24/2008	
EXAMINER	ART UNIT	CLASS-SUBCLASS	7			
WILLIAMS, JOSEPH L	2889	313-232000	_			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Tee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.		(1) the names of up to agents OR, alternate (2) the name of a sing registered attorney or 2 registered patent att	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME AND RESIDENCE D	ATA TO BE PRINTED	ON THE PATENT (print or ty	pe)			
PLEASE NOTE: Unless an assignee is i recordation as set forth in 37 CFR 3.11.	dentified helow, no assi completion of this form	ignee data will appear on the p is NOT a substitute for filing an	oatent. If an assignee i	s identified below, the d	locument has been filed for	
(A) NAME OF ASSIGNEE		(B) RESIDENCE: (CITY and STATE OR COUNTRY)				
Nordson Corporation Westlake, OH						
Please check the appropriate assignee categor	y or categories (will no	t be printed on the patent):	Individual 🛮 Corpo	ration or other private gr	oup entity 🚨 Government	
4a. The following fee(s) are submitted: Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies		A check is enclosed. Payment by credit ca	th. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number23000 (enclose an extra copy of this form).			
5. Change in Entity Status (from status indi a. Applicant claims SMALL ENTITY			ENTITY status. See 37 C			
NOTE: The Issue Fee and Publication Fee (ii nterest as shown by the records of the United	required) will not be ac States Patent and Trade	cepted from anyone other than emark Office.	the applicant; a register	ed attorney or agent; or th	he assignee or other party in	
Authorized Signature William	JR Call		Date11	1/10/2008		
Typed or printed nameWilliam_	R. Allen		Registration No.	48389		
This collection of information is required by an application. Confidentiality is governed by submitting the completed application form to his form and/or suggestions for reducing this 30x 1450. Alexandria, Virginia 22313-1450. Alexandria, Virginia 22313-1450. Under the Paperwork Reduction Act of 1995,	7 35 U.S.C. 122 and 37 6 the USPTO. Time will 6 burden, should be sent DO NOT SEND FEES	CFR 1.14. This collection is es I vary depending upon the indi to the Chief Information Office OR COMPLETED FORMS T	timated to take 12 mint vidual case. Any comm er, U.S. Patent and Tra O THIS ADDRESS. SI	ates to complete, including the son the amount of the demark Office, U.S. Dep END TO: Commissioner	ng gathering, preparing, and me you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450,	